

The Senate is debating a bipartisan bill to expand state health insurance for lower income children, funded by a new federal tax on cigarettes. I support the Senate bill because it will cover an additional six million lower-income children and discourage cigarette smoking – two worthy goals. More importantly, the Senate bill does not hurt seniors who depend on Medicare. Congressional leaders should not set seniors against children in a fight for their health care.

The House considered a very different bill today that would radically cut Medicare while doubling the taxpayer's cost of the program. The House bill would increase the definition of a 'child' to age 25 and expand immigrant eligibility. In our congressional district, over 90,000 seniors depend on Medicare for their very lives. I am particularly worried about provisions of the House bill that would hurt seniors on Medicare who need:

- Oxygen rentals. The House bill would reduce Medicare's payment for oxygen rentals from 33 months to just 13. This includes a \$6 billion cut for patients who need oxygen.
- Wheelchairs. The bill would block the provision of wheelchairs to Medicare patients for the first 30 days that need them. This includes a \$900 million cut for wheelchairs.
- Skilled nursing. The bill would cut \$6.5 billion for Medicare patients who need skilled nursing,
- Rehabilitation care. The bill would cut \$6.6 billion for patients in rehabilitation care.
- Long-term care. The bill would cut \$1.3 billion from patients who need long-term care.
- Home health care. The bill would cut \$7 billion from patients who need care in their homes.

As the co-Chair of the House Kidney Caucus, I was particularly worried about the cuts in the bill for patients – mostly minorities – fighting end stage renal disease. The legislation would cut \$3.6 billion from their Medicare. In addition to these cuts, this bill would also threaten to terminate Medicare Advantage health care coverage for up to 140,000 Illinois seniors who depend on this insurance.

According to the Congressional Budget Office, as many as half of new people covered under House bill are already covered by their own insurance. As the Chicago Tribune wrote July 29, "that means that the government isn't protecting the health of more children, it's merely taking on the costs of children who already have health coverage. The costs are largely shifted from parents to the government – a bad deal for taxpayers."

With Medicare's Trust Fund already projecting red ink in less than 15 years, we must reduce federal spending to make sure we can support Medicare both now and in the future. The average senior will depend on Medicare for over 20 years. That is why we must make sure to balance the budget, with room to keep Medicare's Trust Fund strong.

I voted for today's Recommit Motion that would continue children's health insurance and boost payments to physicians without cuts to Medicare. I voted against the House bill because it cut Medicare. The Senate's bipartisan bill is better and that is the one we should support.

You can read the entire Chicago Tribune editorial below.

## **Getting poor kids to the doc**

### **Chicago Tribune Editorial**

**July 29, 2007**

President Bush and Congress are on a collision course over something that most Americans would agree is a good thing: government-sponsored health insurance for poor children.

The argument is not just about money -- although that's a big part of it -- but about overarching questions surrounding how far government should go to provide such coverage.

At stake is the future of the State Children's Health Insurance Program, or SCHIP. The \$5 billion-a-year program covers about 6.6 million lower-income kids whose families don't qualify for Medicaid.

Bush backs a \$5 billion boost over five years, which he maintains would essentially serve the

children who are covered now. But the Congressional Budget Office suggests that it would take about \$14 billion more over five years in SCHIP spending to maintain the program as is. That could knock thousands of kids from the rolls.

The Senate and House want massive increases to cover more kids who are eligible for the program but haven't signed up yet.

A proposal that won bipartisan support in the Senate Finance Committee would cost an extra \$35 billion over five years. It would allow 3.2 million uninsured kids to be added to the program's rolls. House Democrats talk of spending \$50 billion to cover 5.1 million more uninsured kids.

There's reason to be wary of too huge a cash infusion here. An expansion of this program would include not only the low-income uninsured, but also many families who buy private insurance through an employer. It would encourage some parents to switch from private coverage to the government program. That's called "crowd-out," as in the government crowds out the private market.

A CBO report concluded that as many as half the children who get health insurance through SCHIP had been covered by private insurance. That means the government isn't protecting the health of more children, it's merely taking on the costs for children who already have health coverage. The costs are largely shifted from parents to the government -- a bad deal for taxpayers. Such transfers would probably accelerate if higher-income families become eligible for the program.

We like SCHIP as an incremental approach to provide health care for the most vulnerable population: poor children. We can support an expansion, but it shouldn't be part of a leap toward government-sponsored universal health coverage.

The best way to provide coverage in an era of limited resources is to ask one question: Who needs it most?

The upcoming negotiations on SCHIP should focus on the poorest uninsured kids who are

eligible for the program but haven't enrolled. The reason that many of these eligible kids aren't signed up may not be only a matter of funding. Some have parents who don't understand or don't care about the importance of health insurance. Even if it's free or at a reduced cost, they're not interested. But many others can -- and should -- be reached.

The Senate bill would redouble efforts to sign up families, boosting outreach programs in rural areas and other places where enrollment lags. At the same time, it would wisely curb coverage of adults and discourage unwarranted expansion to higher-income families. We'd like to see the feds and states make even greater efforts to reduce crowd-out. But barring changes, the Senate has the right approach to cover poor kids responsibly.